

## REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent #	10/519496		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing		1	12/30/04	\$ 100
Amendment				\$
Extension of Time				\$
Notice of Appeal/Appeal				\$
Petition				\$
Issue				\$
Cert of Correction/Terminal Disc.				\$
Maintenance				\$
Assignment				\$
Other				\$
		7 TOTAL AMOUNT OF REFUND		\$ 100
		8 TO BE REFUNDED BY:		
		Treasury Check		
		<input checked="" type="checkbox"/> Credit Deposit A/C #:		
		9 50-2215		
10 REASON:				
<input checked="" type="checkbox"/> Overpayment				
<input type="checkbox"/> Duplicate Payment				
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: A Johnson				
SIGNATURE: A Johnson				
OFFICE: PCT				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: _____ DATE: _____				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B